

Rec'd 1/16/13

APPLICATION FOR REPRESENTATION ON THE
MENTAL HEALTH BOARD OF SAN LUIS OBISPO COUNTY

Date: 1/15/12

Home Phone:

Business Phone:

Name: Reed Jason L
Last First Middle

Address:

Code Number Street City Zip

Occupation: Nonprofit Administrator Supervisor/District #: Adam Hill / District 3
(Deputy Director at the Women's Shelter Program of SLO County)

1 Do you or your spouse work for the California State Department of Mental Health, or for County Mental Health Services, or a Mental Health contract agency? (These categories are ineligible.)

Yes ☐ G

No ☒ G

2 State law requires that Mental Health Boards be made up in part of persons who have received mental health services. Have you or has any member of your family ever received mental health services:

Self ☒ G

Family ☐ G

Neither ☐ G

3 Why do you want to participate as a Mental Health Board member?

As a former member of the County Drug & Alcohol Advisory Board (CDAAB) for 7 years (and acting Chair for 3 years) I regularly worked w/ County Behavioral Health staff to explore the prospects of creating improved, efficient co-occurring disorder treatment. I am hoping to bring these valuable perspectives "to the table" to assist the Mental Health Advisory Board in its ongoing mission. I would be grateful to be given the opportunity to undertake this commitment.

- 4 Education, Knowledge, Experience: List school courses, volunteer activities, special skills, training, certificates, licenses, or work experience that you feel relate to your qualifications:

School: Master's Degree (CMS) in Psychology from Cal Poly

Professional Experience: I worked as a therapist intern for 2 years. I worked as a Recruitment Coordinator for Community Counseling Center from 2004-2005. Since 2005 I have worked at the Women's Shelter Program of SLO County, overseeing fundraising and program development of a number of agency departments (including counseling).

Volunteer: 2004-2005 NAMI of SLO County, Publicity Chair
2003-2012 Hotline Crisis Counselor (Board member 2005-2009)

- 5 Please describe your personal and/or professional experience with mentally ill persons:

_____ I have gained a strong belief in the need (and transformative power) of quality mental health services.

- 6 How much time will you be able to devote to Mental Health Board duties/activities?

2-3 hours/month ☐

4-6 hours/month ☐

☒ 7-10 hours or more/month ☐

SELF IDENTIFICATION: We need to ask your age, racial or ethnic group, and sex to make sure Affirmative Action guidelines are considered. This information is voluntary and if you object to filling it out, YOU NEED NOT DO SO.

Age: 28

Sex: F

Check one

☒ White ☐

Black

Asian ☐

☐ Spanish/Hispanic ☐

Filipino ☐

Other ☐

☐ Native American ☐

Physical Handicap:

RETURN THIS APPLICATION TO:

Mental Health Board
Screening Committee
2178 Johnson Avenue
San Luis Obispo, CA 93408